

10/527427

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3			/			
4		/	/			
5		/	/			
6		/	/			
7		/	/			
8		3	/			
9		/	/			
10		/	/			
11		/	/			
12		/	/			
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20	/		/			
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22	/	/	/			
23		/	/			
24		/	/			
25		/	/			
26	/	/	/			
27	/	/	/			
28	/	/	/			
29	/	/	/			
30		/	/			
31		/	/			
32		2	/			
33		6	/			
34		/	/			
35		/	/			
36		/	/			
37		/	/			
38		/	/			
39		/	/			
40		/	/			
41		/	/			
42		/	/			
43		/	/			
44		/	/			
45		/	/			
46		/	/			
47		/	/			
48		/	/			
49		6	/			
50			/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
53			/			
54			/			
55			/			
56			/			
57			/			
58			/			
59			/			
60			/			
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88			/			
89			/			
90			/			
91			/			
92			/			
93			/			
94			/			
95			/			
96			/			
97			/			
98			/			
99			/			
100			/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						